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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/688,717
		Filing Date	10/16/2003
		First Named Inventor	Yoshizawa
		Art Unit	2631
		Examiner Name	
Total Number of Pages in This Submission	5+	Attorney Docket Number	NAKAM-65802

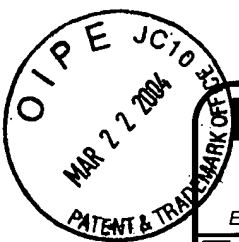
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	5 cited references
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Howard N. Sommers
Signature	<i>Howard N. Sommers</i>
Date	<i>March 16, 2004</i>

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on			
Typed or printed name	Howard N. Sommers		
Signature	<i>Howard N. Sommers</i>	Date	<i>3/16/04</i>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/688,717
		Filing Date	10/16/2003
		First Named Inventor	Yoshizawa
		Examiner Name	
		Art Unit	2631
		Attorney Docket No.	NAKAM-65802
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>\$0.00</b>

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input type="checkbox"/> Deposit Account:		<b>Large Entity</b> <b>Small Entity</b>	
Deposit Account Number: <b>06-2425</b>		Fee Code (\$)	Fee Code (\$)
Deposit Account Name: <b>Fulwider Patton</b>		1051 130	2051 65
The Director is authorized to: (check all that apply)		1052 50	2052 25
<input type="checkbox"/> Charge fee(s) indicated below		1053 130	1053 130
<input type="checkbox"/> Credit any overpayments		1812 2,520	1812 2,520
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1804 920*	1804 920*
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1805 1,840*	1805 1,840*
		1251 110	2251 55
		1252 420	2252 210
		1253 950	2253 475
		1254 1,480	2254 740
		1255 2,010	2255 1,005
		1401 330	2401 165
		1402 330	2402 165
		1403 290	2403 145
		1451 1,510	1451 1,510
		1452 110	2452 55
		1453 1,330	2453 665
		1501 1,330	2501 665
		1502 480	2502 240
		1503 640	2503 320
		1460 130	1460 130
		1807 50	1807 50
		1806 180	1806 180
		8021 40	8021 40
		1809 770	2809 385
		1810 770	2810 385
		1801 770	2801 385
		1802 900	1802 900
		Other fee (specify) _____	
		SUBTOTAL (3) (\$)	
		*Reduced by Basic Filing Fee Paid	

<b>1. BASIC FILING FEE</b>	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$)	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>	
Total Claims	Extra Claims
Independent Claims	Fee from below
Multiple Dependent	Fee Paid
	-20** = 0 X = 0.00
	-3** = 0 X = 0.00
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1202 18	2202 9
1201 86	2201 43
1203 290	2203 145
1204 86	2204 43
1205 18	2205 9
SUBTOTAL (2) (\$)	
\$0.00	

\*\*or number previously paid, if greater; For Reissues, see above

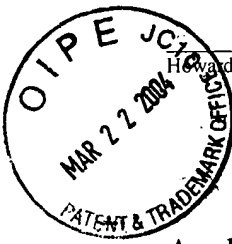
<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name	Howard N. Sommers	Registration No. (Attorney/Agent)	24,138
Signature	Howard N. Sommers	Telephon	310-824-5555
		Date	3/11/04

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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

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 Howard N. Sommers  
Howard N. Sommers, Reg. No. 24,138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/688,717  
Applicant : Masaki Yoshizawa  
Filed : 10/16/2003  
Art Unit : 2631  
Examiner :  
Title : GRAVITY CORRECTED SCALE, GRAVITY CORRECTION  
INDICATOR AND GRAVITY CORRECTED SCALE SYSTEM  
  
Docket No.: : NAKAM-65802  
Customer No. : 24201

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

UNDER 37 C.F.R. 1.97(c)

Dear Sir:

Pursuant to 37 CFR §1.97, form PTO-FB-A820 and a copy of the references listed therein are enclosed in order to inform the Examiner of the following art which may be material to patentability of the invention.

I hereby certify that each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

Because this Information Disclosure Statement includes a statement as specified in 37 CFR § 1.97(e), no fee has been enclosed. However if a fee is due, please charge our deposit account no. 06-2425.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By: Howard N. Sommers  
Howard N. Sommers  
Registration No. 24,138

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Customer No. 24201

Substitute for form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of	2
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**Complete if Known**

Application Number	10/688,717
Filing Date	10/15/2003
First Named Inventor	Yoshizawa
Art Unit	2631
Examiner Name	Unassigned
Attorney Docket Number	NAKAM-65802

## U.S. PATENT DOCUMENTS

[illegible]

11

## FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO, Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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